

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499313

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: SCRAPPY THOMAS, INC.

**Current Principal Place of Business:**

1155 PEBBLEDAL RD  
MULBERRY, FL 33860 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 675  
MULBERRY, FL 338600675 US

**New Mailing Address:**

FEI Number: 59-1664402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, RONALD J  
6702 BROKEN ARROW TRL S  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWIS, RONALD J  
Address: 6702 BROKEN ARROW TRAIL S  
City-St-Zip: LAKELAND, FL 33813 US

Title: V  
Name: LEWIS, BRIAN T  
Address: 6636 BROKEN ARROW TRAIL S  
City-St-Zip: LAKELAND, FL 33813 US

Title: ST  
Name: LEWIS, CAROLYN J  
Address: 6702 BROKEN ARROW TRAIL S  
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN J LEWIS

ST

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date